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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Linda D. Artman et al.

Title: Treating a Variety of Pathological Conditions, Including Spasticity and Convulsions, by Effecting a Modulation of CNS Activity with Isovaleramide, Isovaleric Acid, or a Related Compound

Appl. No.: 10/614,344

Filing Date: 7/8/2003

Examiner: Shahnam J. Sharareh

Art Unit: 1617

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Amendment and Reply Under 37 C.F.R. § 1.111 (6 pages).

Terminal Disclaimer, including Recorded Assignment from parent application No. 09/258, 882 (5 pages).

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	3	-	32	= 0	x \$18.00 = \$0.00
Independent Claims:	3	-	3	= 0	x \$88.00 = \$0.00
				First presentation of any Multiple Dependent Claims: + \$300.00	= \$0.00
				CLAIMS FEE TOTAL	= \$0.00

[ X ] Check No. 39051 in the amount of \$110.00 is enclosed for the Terminal Disclaimer fee.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 19 October 2004

By 

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